

The Mid/Late Life Generation Gap: Adult Children with Aging Parents

JANE E. MYERS

Psychosocial and personal needs and concerns can combine to create conflicts between adult children and their aging parents that may be amenable to counseling interventions.

The changing demography of America's population has received increasing attention in both the popular and professional literature. Increases in life spans have created tremendous potential for intergenerational and multigenerational relationships. Industrialization, rapid technological change, mobility, and a host of other factors have combined to create new relationship patterns in U.S. society. At the same time that there are more people with potentially more types of interactions, there are fewer role models for successful relationships, especially multigenerational family relationships. The resulting ambiguity and fear is reflected in the popular media, particularly when there is an attempt to help prepare adults for "The Hardest Decision" (Badgwell, 1986-1987) with respect to their aging parents. Most adults simply have not been adequately prepared for assuming greater responsibility for their parents (Johnson & Spence, 1982).

For most older persons, aging occurs in a family context (Morgan, 1981). Only 4% to 5% of the people 60 and above reside in long-term care institutions, 10% to 15% are largely homebound because of physical or emotional conditions, and 80% or more are able to function independently. Yet, between 80% and 90% die in institutional settings, including hospitals (Butler & Lewis, 1983).

Thus, the fears reflected in the media and discussed among adults are not totally unfounded—at some point, most adults are or will be faced with infirmity, disability, and decisions with respect to the aging and eventual death of their parents. Most are unprepared for the emotional trauma that ensues (Johnson & Spence, 1982). Many are seeking counseling assistance, but few counselors are trained to provide the help needed. This article is an initial step toward filling the gap in the information available to help counselors deal with adults and their aging parents, both personally and professionally.

A LOOK AT AGING PARENTS

Older people are sometimes viewed as the most heterogeneous of any population subgroup. Attempts to describe them reflect demographic analyses of characteristics of older persons as a whole. In this section some of the psychosocial concerns of older persons are reviewed, including normative developmental issues and tasks of the later stages of life.

About two-thirds of America's 25.5 million older persons are female. More than one-half (51%) of these older women are widows, whereas only 22% of older men are widowers. Only 17% of older men live alone or with nonrelatives, compared to

43% of older women. More than one-sixth of the elderly population are poor by federal standards, with female and minority elderly persons overrepresented in the total. The median income of older families in 1980 was less than \$12,881, compared to \$22,548 for families with household heads under the age of 65 (Brotman, 1982).

The average life expectancy at birth for women is now 77.2 years, compared to 69.5 years for men. Older men who endure physical declines usually are cared for by their wives. Older women depend on the support of children and other family members or institutional care.

It has been well established that the needs of older persons are the same *type* as the needs of persons of any age, but there is a substantial difference in *degree* (Myers, 1984). The needs of older persons tend to increase with advancing age; at the same time, financial, personal, and interpersonal resources decrease. A primary need of older persons is to maintain their independence (Butler & Lewis, 1983). Life satisfaction—a feeling of general well-being—correlates highly with this variable and also with perceived health, income, education, marital status, and interactions with family members (Lohman, 1977). Moreover, those older persons having a purpose in life, who report feeling useful, experience greater life satisfaction.

Harris and Associates (1974), reporting on an extensive national survey, noted that only 12% of older persons report feeling very lonely. Most older persons both depend on and are largely satisfied with family relationships. Approximately 83% of older men and 57% of older women live with their families.

Life span developmental theorists have viewed the major life tasks of aging largely outside the context of multigenerational family relationships. Havighurst (1972), for example, listed the developmental tasks of aging as follows: adjusting to decreased physical strength and health, adjusting to retirement and reduced income, adjusting to death of a spouse, establishing an explicit affiliation with one's age group, meeting social and civic obligations, and establishing satisfactory physical living arrangements.

Erikson (1950) discussed the central psychosocial crisis as one of integrity versus despair, concentrating on the older person's inner life. In his opinion, individuals need to achieve a lifetime view of relative congruence between (a) their real and ideal selves and (b) their goals and strivings and their accomplishments. Little is said about relationships with adult children and other family members, yet these persons are a major source of support and interaction for older persons.

A LOOK AT ADULT CHILDREN

Adult children of aging parents can be young, middle aged, or, increasingly, even old themselves. Because most are in "mid-

life," this section focuses on persons in the middle-age range of 35 to 55. Middle-aged persons have been called the "command generation," because they occupy most societal positions of leadership and authority. They also have been called the "sandwich generation," with their needs sandwiched between those of their adolescent children, who seek increasing independence, and those of their aging parents, who are faced with a loss of independence. "Middlence" is seen as a transition time comparable to that of adolescence, but with a major difference: Adolescents move toward increased status, whereas middle-aged persons move toward decreased status (Fried, cited in Dobson & Dobson, 1985).

Demographically, middle-aged persons constitute approximately 20% of the U.S. population, compared to almost 12% of those over 65 (Van Hoose & Worth, 1982). The ratio of women to men varies with each age group, beginning in the mid-20s with 101 women to 100 men and increasing to 258 women per 100 men by the age of 80 (Butler & Lewis, 1983). Most middle-aged persons are married, living with families, and experiencing the peak income of their lives.

Middle age also is a peak time for independence and career mobility. It is the time when personal mortality becomes apparent, prompted by normative signs of physical changes and declines. A shift in time perspective occurs (Neugarten, 1968), and people begin to see their lives less as the time since birth and more in terms of time remaining until death. The realization that life is finite prompts what Buehler (1967) referred to as the self-assessment phase of life. It is a time for evaluation, reevaluation, stock taking, and planning for the future. The recognition of personal aging and declining reserves of energy creates a need to examine lifelong goals and the extent to which they have been reached. For some, the transitions of mid-life lead to now-or-never decisions affecting family, career, spiritual, and personal aspects of life.

Once children leave the home, couples can again relate as individuals. Intimacy surfaces as an issue, and numerous challenges to mid-life marriages result (Van Hoose & Worth, 1982). Women in particular may enjoy new-found freedoms from child care and housekeeping responsibilities and may begin to pursue independent educational, career, and leisure pursuits.

Havighurst (1972) described middle age in terms of seven challenging developmental tasks: (a) achieving social and civic responsibilities, (b) establishing and maintaining an economic standard of living, (c) assisting teenage children to become responsible adults, (d) developing adult leisure time activities, (e) relating oneself to one's spouse as a person, (f) accepting the physiological changes of middle age, and (g) adjusting to aging parents. Erikson (1950) echoed many of these tasks, describing the central psychosocial crisis as generativity versus self-absorption, leaving something of value to the next generation versus becoming invested in purely personal goals.

The focus of development for people in the middle generation is on their relationships with those who are younger. Middle-aged persons also must look ahead, relate to older family members, and assist them in meeting the transitions of later life successfully. Central issues for both generations revolve around independence—achieving, maintaining, or losing it—and around family relationships and supports.

ADULT CHILDREN AND AGING PARENTS

American families are experiencing rapid changes, which Morgan (1981) summarized in two categories: demographic changes and social role changes. These changes are explored below, including a discussion of myths and realities of mid-life and late-life family relationships, family stress situations and responses, and family relationship patterns.

Demographic Changes in the Family

Treas (1983) cited research in which questions are raised as to whether multigenerational households have ever been the norm in U.S. society, simply because most persons have not lived long enough to become dependent on their children. Several factors suggest that such households are destined *not* to become the norm.

A consequence of today's increasing residential mobility is that there are frequently long distances between adults and their aging parents. Hence, primary day-to-day support networks for older persons are increasingly likely to include neighbors, friends, and social service agencies (Cantor, 1985). Divorce may add to the numbers of older persons not having a spouse to care for them; others, because of custody decisions, will have decreased contact with their children (Morgan, 1981). Long-term declines in fertility and numbers of offspring will decrease the available family support network for aging individuals (Cherlin, 1983). The women's liberation movement and increasing proportions of women in the labor market leave fewer adult children to care for aging parents (Horowitz, 1985).

Contrary to popular belief, most older persons would like only to live near their children, not with them (Harris & Associates, 1974). In 1970, fewer than 5% of households included a parent or parent-in-law. Fewer than 8% of households today include three generations (Miller, 1982). In general, most older persons maintain their own homes and develop a kinship pattern described as "intimacy at a distance" (Treas, 1983). Almost 90% of older persons report having seen one of their children in the last month, and 75% have a child who lives less than 30 minutes away (Treas, 1983).

Mid-Life and Late-Life Family Relationships

Family relationships and roles provide a sense of continuity, personalized interaction, and affection during the life span (Morgan, 1981). Because of the decline of other roles for older persons, family ties are increasingly important sources of affirmation and meaning (Cherlin, 1983). Treas (1983) noted that people rely on family bonds of affection or obligation to alleviate societal shortcomings in care for older people. Most people turn to kin with their troubles. Aging parents most often turn to adult children.

Mid-life women, the traditional "kin-keepers" who arrange for and maintain contact with family members, are increasingly entering the labor market and achieving economic, social, and personal independence (Treas, 1983). Although employment may significantly decrease the hours of assistance to parents provided by sons, it has no effect on assistance from daughters (Stoller, 1983). Overall, married children of both sexes provide less help. Older parents are more likely to live with an unmarried child and twice as likely to live with a daughter as they are with a son (Miller, 1982).

Shanas (cited in Morgan, 1981) noted that one of the most pervasive beliefs in U.S. society is that older persons are neglected and alienated from their families. Research consistently shows that both siblings and children maintain contact with older family members. Although most frail and sick older persons are cared for by family members, some families value the independence of generations to such an extent that institutional care is preferable to "kin care" that involves sharing households (Morgan, 1981).

Parent-child relationships are affected, often adversely, by prevalent negative stereotypes and misconceptions about the needs of aging parents. The "abandonment" stereotype (i.e., "children neglect their parents") was mentioned above. Common, inaccurate stereotypes indicate that most old persons are likely to be institutionalized, that they will move in with their

children if they are not institutionalized, and that they believe their children are responsible for their care. Attempts to treat a multifaceted problem by focusing only on the needs of one generation lead to misunderstandings and conflicts (e.g., "What am I to do about Mother?") (Miller, 1982).

Research indicates that the typical pattern of relationships between adult children and older parents is one of mutual aid. Studies have repeatedly shown that older persons give more help, both material and financial, to their children than they receive from these children. Their primary need for support from children is emotional rather than financial (Brody, Johnsen, & Fulcomer, 1984). A greater sense of commitment from children seems to foster mutual affection (Quinn, 1983).

The quality of intergenerational relationships is determined by affection and communication, with filial responsibility being significant to adult children (Quinn & Keller, 1983). Cicirelli (1981) reported that adult children expressed a greater degree of filial obligation than their parents expected from them. This finding may be related to what Morgan (1981) described as the "crisis of filial maturity" (p. 99), a common response of adult children to the increasing dependency of their aging parents. It reflects a recognition that the parent, viewed from childhood as a source of strength and support, is vulnerable, potentially weak, and eventually mortal. Resolution of this crisis is important for the future development of the adult.

Unfortunately, achieving "filial maturity" can be difficult, because there is a lack of appropriate role models, education, and information. Role expectations for adult children can be confusing and may change according to the day-to-day circumstances of the aging parent (Johnson & Spence, 1982). The consequences of this ambiguity are discussed below.

Family Stress Situations and Responses

Adult children lack role models for relating to an older generation while in mid-life; aging parents lack role models for being old. Some adults have difficulty acting in ways they recall their own parents as having done, once they are faced with the need to care for an aging parent and perhaps alter their own unique life-styles. Others fear a future time when care might be needed. All share the question of how to continue their lives, now in midstream, while relating to loved ones whose needs are changing in unprecedented ways. The question is often one of how to maintain the quality of one's own life while helping to ensure the quality of life for a parent in the later years. Major sources of stress include the aging process itself, roles and role changes, care giving, decision making, dependency, and death. Numerous emotional responses are possible.

Adult children may find their roles with aging parents changing in undetermined and unforeseen ways. Often, both sides fail to realize that traditional roles must be altered (Dobson & Dobson, 1985). Children may deny or reject role changes because they expect parents to be perfect, especially mothers (Oberleder, 1982). Role reversals, prompted by extremely frail or dependent older parents, are the most extreme situation. Role changes and role strains are more common. Lack of preparation for caring for aging parents, competition for time and care of adolescent children, interference with personal freedom achieved during mid-life, and sibling rivalry over care for aging parents are sources of strain.

In addition to the various role strains, there is the challenge of coping with parents' sensitivity to their increasing dependency (Miller, 1981). Aging parents may perceive themselves as having fewer assets with which to balance the resources of their children. They may need assistance in such diverse areas as socialization and personal development; daily living needs, including housecleaning, laundry, shopping, and cooking; transportation and escort service to medical appointments;

and the sharing of leisure time. Also, they may need personal assistance during times of illness or crisis (Cantor, 1985; Miller, 1981). Virtually all of the tasks that confront adult children in giving assistance to aging parents have been described as "sources of stress, burden, or similar upset—even to the point of placing the caregiver at risk of ill health" (Radowski & Clark, 1985, p. 618).

Care for aging parents is now viewed as a normative family stress (Brody, 1985). Brody et al. (1984) found that adult children perceive as appropriate adjustment of family schedules and help with costs of health care. Adjustment of work schedules and sharing of households are not appropriate. Many interacting factors affect the levels of stress experienced by families, including ages of parents and adult children, health, finances, socioeconomic status, number and spacing of children in each generation, and sex, financial condition, location, and retirement status of children (Miller, 1981). The most extreme levels of stress are experienced when physically or mentally impaired older parents are cared for by family members (Poulshock & Deimling, 1984), especially when parents exhibit disruptive behavior and impaired social functioning (Deimling & Bass, 1986).

Older persons may experience increasing indecisiveness in response to feelings of helplessness and loss of control over their physical and environmental resources (Bumagin & Hirn, 1985). Adult children find themselves in an ambiguous and confusing situation, responding to seemingly daily or even more frequent fluctuations in the decision-making skills of their parents. A major issue relates to how much responsibility for their parents they actually should assume. The most stressful and painful conflict occurs when a decision regarding where to live, especially a decision possibly involving institutionalization, seems inevitable (Miller, 1981).

Different aspects of these issues surface for adult children who live in close proximity to their aging parents (Cohen, 1983). When the aging parents are nearby, caretaking responsibilities, shared households, and anger toward other, more distant and less involved relatives are predominant issues. The potential friction in intergenerational living described by Treas (1983) involves not only life-style differences and conflicts over household authority but also issues related to dependency. Adult children living at a distance may experience guilt, emotional distancing, resentment, and the anger of other relatives.

In general, relationships between adult children and aging parents raise a plethora of sometimes conflicting emotional responses. The decision to institutionalize a parent, although often the last resort, may be accompanied by feelings of guilt, sadness, grief, or relief (Mines, Rockwell, & Hull, 1980). Other issues that may be faced by adult children include (a) being unprepared for the burdens imposed by aging parents, (b) coming to terms with the indignities of aging, (c) dealing with dependency issues, (d) coping with the increased self-centeredness of their parents, and (e) overcoming communication difficulties with both parents and siblings (Cohen, 1983). They may need to learn to say no to the unreasonable demands of parents (Dobson & Dobson, 1985).

Setting limits and recognizing that not all wishes can be fulfilled can arouse feelings of anxiety and guilt for adult children (Bumagin & Hirn, 1985). At the same time, aging parents may feel hurt and rejected, experiencing a position of increasing powerlessness within which it is impossible for any person to be "happy" (Oberleder, 1982). They may react by decreasing communications, often perceived by adult children as withholding information. Both adult children and aging parents tend to avoid discussions of problems and illnesses so as not to worry one another. Interactions may reflect reactions to changing circumstances or long-standing patterns of relating.

Family Relationship Patterns

Lifelong difficulties in interactional patterns in families may be exacerbated as parents age (Johnson & Spence, 1982). Unresolved conflicts can be reactivated by crises such as changing dependencies, institutionalization, or death (Morgan, 1981). "Middle-aged children may have difficulty in handling the reversal of roles with an aging parent whom they previously experienced as rejecting, unloving, and uncaring" (Miller, 1981, p. 421). They may resent the dependency needs of parents when their own needs for dependency on their parents have not been met. Unresolved sibling rivalries also may surface, with hostile feelings contributing to confusion over roles and care-providing needs.

Aging parents and their adult children may exist for years or even decades in patterns of mutual independence that promote emotionally satisfying relationships (Cherlin, 1983). These relationships can be disrupted by the loss of power experienced by older persons, who consistently report being terrified of being dependent and unable to care for themselves (Oberleder, 1982). Communication patterns can become disrupted, so that parents and children fail to recognize the similarity of their concerns. Bumagin and Hirn (1985) listed some of the parallel concerns for children and their parents:

1. How can I get my children/parents to listen to me? vs. Who listens to old people?
2. How can I have a life of my own? vs. How can I stay independent?
3. How can I balance all of my responsibilities? vs. Who will take care of me?

For both sides, the future may look increasingly bleak. Both may be unaware of possible interventions and resources, especially those that can be provided by counselors.

STRATEGIES FOR INTERVENTION

Strategies for intervention to meet the needs of adult children and their aging parents are discussed below. These include individual and group counseling, education and workshops, and use of resource materials.

Individual counseling with adult children or their aging parents is not unlike individual counseling with anyone. Counselors should be aware of the issues faced by clients and of their own biases with regard to these issues, especially the aging process itself. Lack of such awareness by counselors can encourage "taking sides" and can eliminate the objectivity needed to help clients deal with their relatives. Individual counseling with aging parents may focus on helping them achieve and maintain feelings of independence and ego integrity, and be more accepting of their adult children. Counseling with adult children can help them clarify their values and priorities with regard to their families and themselves, work through emotions such as anger, and be more understanding and accepting of their parents.

The effectiveness of individual counseling is limited. Counselors can expect to have the most success when the family becomes the unit of treatment (Kuypers & Trute, 1978). Group counseling involving one or more families can be oriented to therapy or education. Often, the focus of groups is on adult children only, especially those caring for dependent parents. These groups have been shown to be successful in modifying attitudes and approaches of adult children to older relatives (Hartford & Parsons, 1982; Miller, 1981). Johnson and Spence (1982) found that adult children having poor relationships with parents reported in groups that the responsibility belonged to the relative, not to them. In general they wanted better relationships, and group strategies were useful in helping to achieve them.

Dobson and Dobson (1985) described a series of structured workshops for adult children designed to provide information about the aging of parents and opportunities for processing the resulting attitudes and emotions. The success of such approaches seems to be related to the widespread lack of preparation for "parenting" older parents (Miller, 1982). There are few instances of workshops or groups designed to bring adult children and their aging parents together for education or therapy. Mulvaney, Gray, and Carroll (1982) suggested that such groups may be effective in improving intergenerational communication. These authors developed a two-part questionnaire in which children and parents were asked to describe how well the other knows or understands them. This questionnaire forms the basis for discussion.

Whatever approaches are used, counselors will need to know about referral agencies and persons to help meet the needs of adults and aging persons in their community. Innovative strategies, such as bibliotherapy, may be helpful. For example, adult children and their parents could be asked to read *The Giving Tree* (Silverstein, 1964). Reactions to the book could be discussed at home or in a subsequent counseling session.

CONSIDERATIONS FOR COUNSELORS

Counselors working with adult children and their aging parents will encounter extremes of involvement ranging from elder abuse to mutual respect and love. They may expect to witness complex and long-standing patterns of interaction and a host of negative and hostile emotions that need to be expressed and resolved. As the family or individual dynamics unfold, the counselor may need to examine the issue of *who* is the client. The question of whose needs and values are preeminent is important, as the counselor may unwittingly provide support for one side or another. Often, the adult child will summarize the issue as follows: "Either my parent or me—either I take care of my parent or I live my own life. I can't do both." To help resolve these feelings, counselors first must deal with their perspectives on the issue, including relationships with their own parents.

An important goal of counseling is to help both adult children and aging parents achieve a balance between their needs. Both should be aware of the positive impact of family ties and should be encouraged to build and to maintain such ties. Setting limits on what each can and will do in terms of interactions, support, care giving, and services is an important step in developing awareness and mutual respect for one another's needs. Assertiveness training for both groups may help to improve positive communications.

Often, both adult children and their aging parents are so overwhelmed by the circumstances at hand that they can see no solutions and no future. Counselors can help them to achieve a future orientation that includes the potential for life satisfaction and rewarding relationships. One approach is to have each step back and examine the nature of friendships outside of the family. Such relationships usually are characterized by active listening and caring behaviors (McGinnis, 1979). A logical question to ask is whether friendly relationships are desirable between adult children and their aging parents. If so, counselors can begin to make clients aware of the potential for treating relatives with the respect accorded to friends and can encourage some time out from old patterns of relating while new roles are rehearsed.

Most adults and their aging parents experience satisfying emotional relationships. Family crises such as institutionalization and death may create disruption in these relationships; however, most families manage to adjust. For those families in which hostile and negative feelings threaten the happiness of adult children as well as their aging parents, there are a variety of strategies that counselors may employ to promote positive intergenerational communication and support.

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Jane E. Myers is an associate professor of counselor education at the University of Florida, Gainesville. Correspondence regarding this article should be sent to Jane Myers, Dept. of Counselor Education, 1215 Norman Hall, University of Florida, Gainesville, FL 32611.